APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

Please make any necessary changes in Section 1A and complete Sections 2. Ask your bank to complete Section 3. Mail the completed form in the envelope provided.

SECTION 1 If the address below is incorrect or is your bank's address, please complete Section 1A.		SECTION 1A If the address i your bank's address, please address below.	
		ADDRESS CHANGE	
Social Security Claim Number Person Entitled to Payment			
SECTION 2			
PAYEE CERTIFICATION I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.		JOINT ACCOUNT HOLDER=S CERTIFICATION I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
YOUR DAYTIME TELEPHONE NUMBER		This account is: My own account A joint account	
SECTION 3 (Ask your bank to complete this This must be a Euro account.	s section.)		
NAME OF BANK			
ADDRESS OF BANK			
BANK PHONE NUMBER		SIGNATURE OF BANK OFFICIAL	
Bank Registration Number (Bank Code /Account Number)			FOR FRBNY USE DO NOT WRITE
(Bank Code McCodift Nulliber)			

MAIL THE COMPLETED FORM TO:

International Treasury Services
Federal Reserve Bank of New York
East Rutherford Operations Ctr., 1st Floor
100 Orchard Street
East Rutherford, NJ 07073
USA

Form SSA-1199-Netherlands (09/04) (Destroy prior editions.)